Absolute-cana Acupuncture Clinic

Car Accident Information

Patient's Name____

Date of injury ____/____/________

Injury occurred at ____City________________

Patient's Car Insurance __________________________________ Phone______________________

Claim #__________________________Adjuster________________________ Phone______________

Address____ City______________ Zip ____________

TORT FEASOR'S INSURANCE COMPANY______________________________ Phone ___________________

Claim # _________________________Adjuster _________________________ Phone _____________

Address ____City ______________ Zip ______________

Name of Tort Feasor ______________________________

Patient's attorney ____ Phone ____________________

Address ____City ________________ Zip ______________

Contact person ____Fax ______________

In the event that insurance does not pay a claim within 90 days I understand that I am personally responsible for all charges. I have reviewed the current fee schedule and agree to the fees and payment politics therein. I agree to the release of any medical and billing information necessary to process payment. I assign medical benefits payable directly to Absolute-cana Acupuncture. I understand that if I cancel an appointment with less than 24 hours notice or fail for an appointment a $30 fee will be charged to me. I understand insurance will not pay for missed appointments.

____ __________________________________

Signature of patient (or guardian if under 18) Date

Pain Rating

Rate the severity of your pain by circling one number on the following scales.

0 = No Pain *10 = Unbearable Pain*

Torticollis(neck pain)

0	1	2	3	4	5	6	7	8	9	10

Shoulder pain

0	1	2	3	4	5	6	7	8	9	10

Lumbago(lower back pain)

0	1	2	3	4	5	6	7	8	9	10

Headache(vertex, temporal, occipital, frontal)

0	1	2	3	4	5	6	7	8	9	10

Pain in thoracic spine(upper & middle back pain)

0	1	2	3	4	5	6	7	8	9	10

Sciatic pain

0	1	2	3	4	5	6	7	8	9	10

Arm pain

0	1	2	3	4	5	6	7	8	9	10

Knee

0	1	2	3	4	5	6	7	8	9	10

Numbness & tingling on the fingers

0	1	2	3	4	5	6	7	8	9	10

Anxiety & depression

0	1	2	3	4	5	6	7	8	9	10

If other, please explain: ______________________________

0	1	2	3	4	5	6	7	8	9	10